

# SOUTH FLORIDA WATER MANAGEMENT DISTRICT

Water Use Limiting Condition Compliance Report

## Quarterly Report of Withdrawals

This report must be completed and submitted to the District at the address shown as required by your permit

Permit Number \_\_\_\_\_  
Issued to \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Phone / Fax Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_

This report is for

☐ Entire Permit

☐ Wellfield (name): \_\_\_\_\_

☐ Treatment Plant (name): \_\_\_\_\_

☐ Other (specify): \_\_\_\_\_

### MILLION GALLONS

Month/Year	Ground Water	Surface Water	Reclaimed Water	Other (specify)

Accounting Method:

☐ Flow Meter

☐ Time Clock

☐ Other: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return To:  
South Florida Water Management District  
Attn: Water Use Regulation Division (4320)  
PO Box 24680  
West Palm Beach, FL 33416 - 4680

WUC-DB ID \_\_\_\_\_

**sfwmd.gov**